

INSTRUCTIONS FOR COMPLETING PARDON APPLICATION

1. COMPLETE FORM IN **BLACK INK** AND ENSURE IT IS **SIGNED BEFORE A NOTARY PUBLIC.**
2. YOU WILL NEED TWO (2) PEOPLE (WHO PERSONALLY KNOW YOU) TO COMPLETE THE CHARACTER AFFIDAVITS. THE AFFIDAVITS MUST ALSO BE COMPLETED IN **BLACK INK** AND **SIGNED BEFORE A NOTARY PUBLIC.**
3. MAIL COMPLETED NOTARIZED PARDON APPLICATION AND THE TWO (2) NOTARIZED CHARACTER AFFIDAVITS TO:

HAWAII PAROLING AUTHORITY
ATTN: PAROLES AND PARDONS ADMINISTRATOR
1177 ALAKEA STREET, GROUND FLOOR
HONOLULU, HAWAII 96813

IMPORTANT: After submitting your application, if you have changes to your residence or mailing address, contact telephone number(s), employment, and/or marital status, please immediately notify this agency in writing at the following address:

HAWAII PAROLING AUTHORITY
ATTN: PARDON INVESTIGATION UNIT
1177 ALAKEA STREET, GROUND FLOOR
HONOLULU, HAWAII 96813

**STATE OF HAWAII
EXECUTIVE CHAMBERS

PARDON APPLICATION**

DATE _____

The Governor of Hawaii
State Capitol, 5th Floor
Honolulu, Hawaii 96813

I _____
(Full Name) First Middle Last

a citizen of _____, respectfully

request from your Excellency, a pardon for the following convictions:

Crime	Date of Conviction	Date of Sentence	Court Location	Court Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I was released from prison on parole on _____

My parole/probation period expired and I was discharged from parole/probation on _____
(Strike inappropriate word) (Strike inappropriate word)

PERSONAL INFORMATION

1. Birth Date: _____ Social Security Number: _____
2. Place of Birth: _____
3. Full Names of Parents: _____
4. Full Names of Siblings (Brothers and Sisters and Ages): _____

[illegible]

6. Married: Yes _____ No _____ Date Married: _____
Name and Address of Spouse: _____

7. Children: Yes _____ No _____ Names and Ages: _____

Children All Living With Me: Yes _____ No _____

If No, explain: _____

8. Present Address: _____

I have lived here since: _____

9. Phone Number: _____

10. List all employment since leaving school beginning with your last job:

<u>Employer</u>	<u>Dates of Employment</u>	<u>Phone and Address (If available)</u>
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11. Military Service and Dates: _____ through _____
Honorabale Discharge: Yes _____ No _____ If No, Type of Discharge: _____
12. I belong to the following organizations and activities (including Church affiliation):

13. The reasons I am asking for this pardon are:

Signature of Applicant

At least two character affidavits are desirable and should be notarized and submitted with each application.

PERSONAL OATH

I, _____, residing at _____
In asking for a pardon, do solemnly swear that I will be law abiding in the future and will support and defend the Constitution of the United States against all enemies, foreign and domestic, and that I take this obligation freely and without mental reservation whatsoever, so help me.

Signature

Subscribed and sworn to before me this _____ day of _____, A.D. 20 _____

Notary Public _____
Judicial Circuit, State of Hawaii
My Commission Expires: _____

STATE OF HAWAII
EXECUTIVE CHAMBERS

CHARACTER AFFIDAVIT

I, _____, residing at _____

By occupation _____ depose and certify that I have personally known

_____ for more than _____ year(s) and to the best

of my knowledge and belief(s) he/she has, since being released from prison/parole/probation on or about _____
(Strike inappropriate word)

_____, conducted themselves in a moral and law-abiding manner.

That _____ is at present employed by

_____ at _____

in the capacity of _____ and has been employed by them for _____ years.

My knowledge of his/her activities and conduct since being released from prison/parole/probation is as follows:
(Strike inappropriate word)

(Here state in full detail your knowledge of the applicant's conduct, etc. and also, specifically, whether: since their release from prison, they have been arrested or has had any trouble with public authorities or any others).

This affidavit is made by me, in support of the application of _____

made to the Governor of the State of Hawaii for a pardon to restore their full civil rights.

(Signature)

Subscribed and sworn to before me this _____ day of
_____, A.D. 20 _____

Notary Public _____
Judicial circuit, State of Hawaii
My Commission Expires: _____

STATE OF HAWAII
EXECUTIVE CHAMBERS

CHARACTER AFFIDAVIT

I, _____, residing at _____

By occupation _____ depose and certify that I have personally known
_____ for more than _____ year(s) and to the best
of my knowledge and belief(s) he/she has, since being released from prison/parole/probation on or about _____
(Strike inappropriate word)

_____, conducted themselves in a moral and law-abiding manner.

That _____ is at present employed by

_____ at _____

in the capacity of _____ and has been employed by them for _____ years.

My knowledge of his/her activities and conduct since being released from prison/parole/probation is as follows:
(Strike inappropriate word)

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This affidavit is made by me, in support of the application of _____

made to the Governor of the State of Hawaii for a pardon to restore their full civil rights.

(Signature)

Subscribed and sworn to before me this _____ day of
_____, A.D. 20_____

Notary Public _____
Judicial circuit, State of Hawaii
My Commission Expires: _____